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|--|-----------|------------------------------|-----------------------------|-----------------------------|-------------|--------------------------|--|------------------------------|-----------------------------|--|--|---------------------------|--|------------------------------|-----------------------------|--|--|---|--|--|--|----------|--|----|--|--|--|------------------|--|---|--|--|--|---------------|--|---|--|--|--|--------------|--|---|--|--|--|---------------|--|----------|--|--|--|---------------------|--|-----------|--|--|--|-----------------------|--|
| 11/950380  |           |                              |                             |                             |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| SERIAL NUMBER<br>(Series of 1987)  |           | PATENT DATE                  |                             | PATENT NUMBER               |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| 11/950380  |           | 09/22/92                     |                             | 514                         |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| SERIAL NUMBER  |           | FILING DATE                  |                             | CLASS                       |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| 07/950.380   |           | 09/22/92                     |                             | 514                         |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| SUBCLASS   |           | GROUP ART UNIT               |                             | EXAMINER                    |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| 420  |           | 1205                         |                             | Goldberg                    |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| APPLICANTS: WYNDHAM H. WILSON, WASHINGTON, DC; ROBERT WITTES, WASHINGTON, DC.  |           |                              |                             |                             |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| **CONTINUING DATA*****<br>VERIFIED   |           |                              |                             |                             |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| -----  |           |                              |                             |                             |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| **FOREIGN/PCT APPLICATIONS*****<br>VERIFIED  |           |                              |                             |                             |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| -----  |           |                              |                             |                             |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| FOREIGN FILING LICENSE GRANTED 10/15/92  |           |                              |                             |                             |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Foreign priority claimed</td> <td><input type="checkbox"/> yes</td> <td><input type="checkbox"/> no</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">35 USC 119 conditions met</td> <td><input type="checkbox"/> yes</td> <td><input type="checkbox"/> no</td> <td colspan="2"></td> </tr> <tr> <td colspan="4" style="text-align: center;">→</td> <td colspan="2" style="text-align: center;">AS FILED</td> </tr> <tr> <td colspan="4" style="text-align: center;">DC</td> <td colspan="2" style="text-align: center;">STATE OR COUNTRY</td> </tr> <tr> <td colspan="4" style="text-align: center;">0</td> <td colspan="2" style="text-align: center;">SHEETS DRWGS.</td> </tr> <tr> <td colspan="4" style="text-align: center;">4</td> <td colspan="2" style="text-align: center;">TOTAL CLAIMS</td> </tr> <tr> <td colspan="4" style="text-align: center;">1</td> <td colspan="2" style="text-align: center;">INDEP. CLAIMS</td> </tr> <tr> <td colspan="4" style="text-align: center;">\$910.00</td> <td colspan="2" style="text-align: center;">FILING FEE RECEIVED</td> </tr> <tr> <td colspan="4" style="text-align: center;">2026-4034</td> <td colspan="2" style="text-align: center;">ATTORNEY'S DOCKET NO.</td> </tr> </table> |           |                              |                             |                             |             | Foreign priority claimed |  | <input type="checkbox"/> yes | <input type="checkbox"/> no |  |  | 35 USC 119 conditions met |  | <input type="checkbox"/> yes | <input type="checkbox"/> no |  |  | → |  |  |  | AS FILED |  | DC |  |  |  | STATE OR COUNTRY |  | 0 |  |  |  | SHEETS DRWGS. |  | 4 |  |  |  | TOTAL CLAIMS |  | 1 |  |  |  | INDEP. CLAIMS |  | \$910.00 |  |  |  | FILING FEE RECEIVED |  | 2026-4034 |  |  |  | ATTORNEY'S DOCKET NO. |  |
| Foreign priority claimed   |           | <input type="checkbox"/> yes | <input type="checkbox"/> no |                             |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| 35 USC 119 conditions met  |           | <input type="checkbox"/> yes | <input type="checkbox"/> no |                             |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| →  |           |                              |                             | AS FILED                    |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| DC   |           |                              |                             | STATE OR COUNTRY            |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| 0  |           |                              |                             | SHEETS DRWGS.               |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| 4  |           |                              |                             | TOTAL CLAIMS                |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| 1  |           |                              |                             | INDEP. CLAIMS               |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| \$910.00   |           |                              |                             | FILING FEE RECEIVED         |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| 2026-4034  |           |                              |                             | ATTORNEY'S DOCKET NO.       |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| Verified and Acknowledged <u>Examiner's Initials</u> → <u>William S. Feiler</u><br><u>OFFICE OF TECHNOLOGY TRANSFER</u><br><u>NATIONAL INSTITUTE OF HEALTH</u><br><u>BOX OTT</u><br><u>BETHESDA, MD 20892</u><br><u>Mayo - Finegan</u><br><u>345 Park Avenue</u><br><u>New York, New York 10154</u>  |           |                              |                             |                             |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| ADDRESS  |           |                              |                             |                             |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| TITLE: TAXOL TREATMENT OF LYMPHOMAS AND BREAST CANCER  |           |                              |                             |                             |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| U.S. DEPT. OF COMM.-Pat. & TM OFFICE - PTO-436L (Rev. 10-78)   |           |                              |                             |                             |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| PARTS OF APPLICATION FILED SEPARATELY  |           |                              |                             |                             |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| NOTICE OF ALLOWANCE MAILED   |           | PREPARED FOR ISSUE           |                             | CLAIMS ALLOWED              |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
|  |           | Assistant Examiner           | Docket Clerk                | Total Claims<br>Print Claim |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| ISSUE FEE  |           |                              |                             | DRAWING                     |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| Amount Due   | Date Paid |                              |                             | Sheets Drwg.                | Figs. Drwg. | Print Fig.               |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
| Label Area   |           | Primary Examiner             |                             | ISSUE CLASSIFICATION        |             |                          |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
|  |           |                              |                             | Class                       | Subclass    | ISSUE BATCH NUMBER       |  |                              |                             |  |  |                           |  |                              |                             |  |  |   |  |  |  |          |  |    |  |  |  |                  |  |   |  |  |  |               |  |   |  |  |  |              |  |   |  |  |  |               |  |          |  |  |  |                     |  |           |  |  |  |                       |  |
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